

# REGISTRATION INFORMATION



Open to military dependents in grades 4-11, as of Fall 2016.

**DO YOU WANT YOUR CHILD TO BE A RING LEADER?!**

To register your military child for this fun (FREE!) residential camp experience where we will focus on building character and leadership skills, please carefully read through all of the information in this packet.

## **FOLLOW THESE 4 EASY STEPS TO REGISTER!**

1. Print this REGISTRATION PACKET (single-sided) and complete it in its entirety.
2. Gather all necessary supporting DOCUMENTATION.
3. Use the CHECKLIST to make sure you have what you need. (Incomplete packets will not be accepted.)
4. Attend your assigned REGISTRATION NIGHT with your military ID. You must register in person; faxed, mailed, or emailed packets will not be accepted.



# The 2016 R.I.N.G. LEADERS Rhode Island National Guard Child & Youth Program MILITARY YOUTH CAMP



## REGISTRATION PACKET

Please bring this completed packet along with the necessary documentation to your assigned Registration Night (see below).

### BEFORE REGISTERING, YOU SHOULD KNOW:

**YOU MUST REGISTER IN PERSON, WITH MILITARY I.D.**

**INCOMPLETE PACKETS WILL NOT BE ACCEPTED.**

**YOU MAY NOT MAIL, EMAIL, OR FAX REGISTRATION PACKETS.**

This is an OVERNIGHT, RESIDENTIAL camp. The pick up/drop off location will be at Camp Fogarty in East Greenwich, RI. We will provide transportation for all campers to and from Camp Fuller in Wakefield, RI.

Camp is open to current military dependents, grades 4 to 11 as of Fall 2016 (no exceptions).

*Spaces are very limited and due to funding, priority will be given first to current Rhode Island Army and Air National Guard dependents. After Registration Night 1, any remaining camper spots will be announced through email and Facebook ([www.facebook.com/RINGCYP](http://www.facebook.com/RINGCYP)). Remaining spots will be open to dependents of current service members from all branches and components and any ARNG and ANG families who could not attend Night 1.*

*All camp spots will be given on a first come, first served basis. Those within the deployment cycle (as noted on forms) will be given precedence.*

#### **REGISTRATION NIGHT SCHEDULE**

**(PLEASE, NO EARLY BIRDS)**

**LOCATION: Warwick Armory, (Classroom off Drill Floor)  
541 Airport Road, Warwick, RI 02886**

**Night 1- Tuesday, June 14, 5:30-6:45PM**

Current Rhode Island Army and

Air National Guard Dependents ONLY

**Night 2- Thursday, June 16, 5:30-6:45PM**

Dependents of All Other Branches/Components

### **REGISTRATION CHECKLIST:**

**PLEASE DO NOT BRING INCOMPLETE PACKETS TO REGISTRATION NIGHT, THEY WILL NOT BE ACCEPTED. PRINT FORMS SINGLE-SIDED.**

- |  |   |
|--|---|
| <input type="checkbox"/> RING Registration Form  | <input type="checkbox"/> Medication Dispensing Form ( <i>if applicable</i> )  |
| <input type="checkbox"/> RING Minor's Consent to Participate and Hold Harmless Agreement and Release | <input type="checkbox"/> YMCA Camper Health History Form  |
| <input type="checkbox"/> CYB-MFLC Authorization Form   | <input type="checkbox"/> YMCA Physician's Examination Form ( <i>completed and signed by physician</i> )                         |
| <input type="checkbox"/> RING Code of Conduct (Completed by Camper and Parent/Guardian)              | <input type="checkbox"/> Copy of health insurance card ( <i>2 sides</i> )<br>(If Tricare, provide copy of military ID, 2 sides) |
| <input type="checkbox"/> Letter to Counselor (MUST BE Completed by Camper)                           | <input type="checkbox"/> Copy of dental insurance cards ( <i>2 sides</i> )  |
|  | <input type="checkbox"/> Copy of immunization records   |





# R.I.N.G. LEADERS MILITARY YOUTH CAMP CAMPER REGISTRATION FORM

## I. MILITARY SPONSOR'S INFORMATION

Military Sponsor's Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Branch and Component (Please Circle):

Army National Guard

Air National Guard

Navy Active

Marine Reserve

Army Active

Air Force Active

Navy Reserve

Coast Guard Active

Army Reserve

Air Force Reserve

Marine Active

Coast Guard Reserve

Current Unit: \_\_\_\_\_

Please check the statement that applies to the service member. **\*As of August 22, 2016**

\_\_\_\_ Is currently deployed.

\_\_\_\_ Will deploy within the next 90 days.

\_\_\_\_ Has deployed within the last 90 days.

\_\_\_\_ None of the above are applicable.

## II. PARTICIPANT'S INFORMATION

Name: \_\_\_\_\_

Did this child attend the 2015 RING Camp? ☐ yes ☐ no

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade Level (as of September 2016) \_\_\_\_\_

T-shirt Size (Please Check) ☐ **YOUTH small**

☐ **YOUTH medium**

☐ **YOUTH large**

☐ **YOUTH Xlarge**

☐ **ADULT small**

☐ **ADULT medium**

☐ **ADULT large**

☐ **ADULT Xlarge**

Parent /Guardian Name: \_\_\_\_\_

Parent /Guardian Personal/Home E-mail Address, PLEASE NO MILITARY EMAIL ADDRESSES:

Parent/Guardian Phone Numbers (to be used during camp):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies, concerns, medical, or behavioral information you feel we should know. Attach additional page, if needed.

Name(s) of adult(s) authorized to pick up participant. ID's will be checked and only those listed below will be allowed to pick up participant.

Name

Relationship to Child

My child has permission to attend this RI National Guard Child and Youth Program Event, R.I.N.G. Leaders Military Youth Camp, from August 22 to August 26, 2016 at YMCA Camp Fuller, 619 Camp Fuller Road, Wakefield, RI 02879.

Parent/Guardian's signature

Date



# RING LEADERS MILITARY YOUTH CAMP

YMCA Camp Fuller/Rhode Island National Guard Child and Youth Program

## MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name of Minor's Parent or Legal Guardian) \_\_\_\_\_ state that

(Print Minor's Legal Name) \_\_\_\_\_ (hereafter referred to as "the minor")

hereby consents to his/her attendance and participation in the R.I.N.G. Leaders Military Youth Camp being jointly run by YMCA Camp Fuller, 619 Camp Fuller Road, Wakefield, RI 02879 and the Rhode Island National Guard Child and Youth Program, 541 Airport Road, Warwick, RI 02886. I understand that this program is a weeklong activity running from August 22 to August 26, 2016. This program is an overnight activity. In connection with his/her participation in this program, I consent to his/her participation in any sanctioned events to include transportation by government or YMCA vehicle.

The minor's parent(s) or guardian(s) understand that participation in this program or sanctioned event is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

I give permission for the child listed on this form to attend and participate in all activities except as noted on physical/medical forms. The information on these forms is true and correct to the best of my knowledge. In case of sudden illness or an accident to my child, requiring immediate treatment or surgery while participating in the R.I.N.G. Leaders Military Youth Camp, I authorize the primary staff or medical staff to take such action as deemed appropriate to protect the health and physical well-being of my child.

I further give my permission for the minor to be photographed during the program activities, with the understanding that photographs will be used only for promotional purposes of the YMCA of Greater Providence and Rhode Island National Guard Child and Youth Program.

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless YMCA Camp Fuller, the YMCA of Greater Providence, the YMCA of the USA, Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of YMCA Camp Fuller, the YMCA of Greater Providence, the YMCA of the USA, Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s), or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parents(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon YMCA Camp Fuller, the YMCA of Greater Providence, the YMCA of the USA, Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

### **PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:**

I, the undersigned state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor.

Minor's Name (PRINT) \_\_\_\_\_ Birth Date of Minor \_\_\_\_\_

PARENT/GUARDIAN LEGAL NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN LEGAL NAME (SIGN) \_\_\_\_\_ DATE \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**MEMORANDUM:**  
**Child & Youth Behavioral Military & Family Life Counselor (CYB-MFLC)**

This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, local education agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, National Guard and reserve camps, Operation Military Kids Camps, as well as other child and youth activities.

1. The CYB-MFLC may support the centers, schools, summer programs and camps, and work with military children and their families in the following ways:
  - Observe, participate and engage in activities with children and youth.
  - Provide direct interaction with military children.
  - Model behavioral techniques and provide feedback.
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
  - Provide outreach to military parents when they drop off or pick up their children at family events.
  - Be available for military parents to contact for guidance and support.
  - Facilitate psycho-educational groups.
  - Conduct training for staff and parents.
  - Recommend referrals to military social services and other resources as needed.
2. CYB-MFLCs may assist military parents, military children and centers with the following type of issues:
  - Communication
  - Self-esteem/self-confidence
  - Resolving conflicts
  - Behavioral management techniques
  - Bullying
  - Helping children deal with angry feelings
  - Sibling/parental relationships
  - Deployment and reintegration issues
3. The counselor may also work with military children in settings such as field trips and other center, camp or school sponsored activities.
4. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
5. **At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.**
6. The counselor may use only the Office of the Secretary of Defense-approved materials for trainings, groups and any other activities.
7. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the widest level of participation.**

Name of installation and/or CYP, school, summer program, and camp:  
R.I.N.G. Leaders Military Youth Camp

I acknowledge that a CYB-MFLC is available and **authorize** my child,  
\_\_\_\_\_, to receive CYB-MFLC support.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I acknowledge that a CYB-MFLC is available but **DO NOT authorize** my child,  
\_\_\_\_\_, to receive CYB-MFLC support.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# CODE OF CONDUCT



To ensure that the R.I.N.G. Leaders Military Youth Camp is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior.

**Please read the following and sign below.**

I \_\_\_\_\_, a youth participant in the RING Youth Program, will uphold the following conduct and behavior standards:

## **Section I**

- I will be courteous and respectful towards others at all times and will not swear, use derogatory language, bully or harass others.
- I agree to value and respect other's ideas regardless of whether they are the same as my own.
- I agree to respect authority and comply with the requests of the YMCA Camp Fuller staff, RING Child and Youth program staff, and volunteers.
- I will respect camp property and the property of others. I will take full responsibility for any damage to personal or public property due to my actions.
- I will be responsible for helping clean my cabin, division, and all commonly used areas.
- I will make an effort to participate in activities and am willing to try new things.

## **Section II**

- I will respect curfew, and I understand that being out of my cabin after curfew may result in immediate dismissal.
- I will not use alcohol, tobacco, or other drugs or bring any weapons to the program.
- I understand that I am not allowed in the sleeping quarters of participants of the opposite gender.

Consequences for **Section I** violations include time out of activities or additional chores. Further disruptions will warrant a parent phone call and meeting with the Child and Youth Program Coordinator and/or Camp Fuller Staff. If it is determined that a behavior warrants dismissal from the program, parents will be notified and the participant will be sent home. Parent/guardian will be responsible for picking participant up from camp location.

Violations of **Section II** will result in immediate dismissal from the program, parents will be notified and the participant will be sent home. Parent/guardian will be responsible for picking participant up from program location.

I understand that if I am not able to remain in good standing during the program period with the commitments set forth above, I will be required to leave and my parent/guardian will be responsible for picking me up from the program location.

\_\_\_\_\_  
**(Youth Participant's Signature)**

\_\_\_\_\_  
**(Date)**

I have witnessed the pledge made by my son/daughter and will support him/her in carrying out the Camp Fuller and Child and Youth Program expectations. I understand that if my son/daughter violates the code of conduct, appropriate consequences will be administered to include his/her immediate dismissal from the program. I accept the responsibility of picking up my child and all of his/her belongings from the program location in a timely manner.

\_\_\_\_\_  
**(Parent or Legal Guardian's Signature)**

\_\_\_\_\_  
**(Date)**

# A Letter to My Counselor - 2016

TO BE COMPLETED BY THE CAMPER

Date \_\_\_\_\_

Dear Counselor,

My full name is \_\_\_\_\_, but friends call me \_\_\_\_\_. At camp I will be \_\_\_\_\_ years old. In the Fall I'll enter \_\_\_\_\_ grade at school. When I am not in school I like to \_\_\_\_\_

The qualities I like most in people are \_\_\_\_\_

I want to come to camp because \_\_\_\_\_

If you asked me to name my hero/heroine or to tell you who I thought was a great person, I would say

\_\_\_\_\_ because \_\_\_\_\_

The last good book I read was \_\_\_\_\_

My favorite movies are \_\_\_\_\_

I like \_\_\_\_\_ music and my favorite performers are \_\_\_\_\_

I would like to have a counselor who \_\_\_\_\_

I have a few concerns that you should know about (medical, personal, first time camper, etc.) \_\_\_\_\_

Signed \_\_\_\_\_

**YMCA CAMP FULLER**

619 Camp Fuller Road • Wakefield, RI 02879 • 800-521-1470 • 401-782-6083 (fax) • [www.ymcacampfuller.org](http://www.ymcacampfuller.org)

# Medication Dispensing Form

**All medication must be turned into staff upon arrival.**

**All medication must be in its original container, clearly labeled with camper's first and last name.**

Your child will self-administer his/her medication under the supervision of the nurse or nurse's assistant.

Parent/guardian must pick up medications from the camp staff on homecoming day. Campers are expected to participate in their medical care and report to the assigned medication area when necessary. They must be familiar with the medication, when it is to be dispensed, and how much is to be dispensed.

**Participant Name** \_\_\_\_\_

**FOR CAMP STAFF**  
Cabin \_\_\_\_\_

**Age** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Parent/Guardian Phone Number** \_\_\_\_\_

**Medication 1:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage Amount:** \_\_\_\_\_

**Dosage Time(s):** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

.....

**Medication 2:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage Amount:** \_\_\_\_\_

**Dosage Time(s):** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

.....

**Medication 3:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage Amount:** \_\_\_\_\_

**Dosage Time(s):** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp director to supervise my child in the administering of the above medications.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**YMCA CAMP FULLER**  
**2016 CAMPER HEALTH HISTORY FORM**

**\* Immunization History- MANDATORY!** Please provide a written record of the camper's most recent immunizations.  
Campers may not attend without this record.

**\* Please include a copy of all your health insurance cards (medical and dental) with this form**

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Dates Attending: August 22-August 26, 2016

Name of Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

If I am not available in an emergency, please notify \_\_\_\_\_ (Name) \_\_\_\_\_ (relationship)

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**INFORMATION TO BE PROVIDED BY PARENT/GUARDIAN**

**Please circle any  
conditions that your  
camper has experienced**

Frequent Ear Infections  
Heart Defect/Disease  
Convulsions  
Diabetes  
Bleeding/Clotting Disorders  
Hypertension  
Mononucleosis  
Psychiatric Treatment

**Diseases**

Chicken Pox  
German Measles  
Measles

Mumps

**Allergies**

Hay fever  
Poison Ivy  
Poison Oak  
Insect Stings  
Penicillin  
Other Drugs  
Asthma

1. Has the camper required any psychiatric counseling or hospitalization? If yes, please explain

2. Please list any medications your camper is currently taking, including the dose and reason. \*Must complete Medication Dispensing Form on following page

3. Please list the date and nature of any operations or serious injuries

4. Please describe any disability or chronic or recurring illness

5. Please list any activities encouraged or limited by the physician

6. Please describe any dietary modifications or considerations

7. Does your child have an IEP at school?

8. Females Only: Has the camper begun menstruation? YES NO  
If NO, has she been told about it? YES NO If YES, is menstrual history normal? Please describe

9. Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

10. Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Acknowledgment**

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities excepted as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child named above.

In accordance with Section 7-6-9 of the Rhode Island General Laws "Exemption from Liability to Participants in Sponsored Athletic or Sports Events", I hereby waive any liability against the Greater Providence YMCA, its officers, directors, trustees, agents, servants or employees. They shall not be held liable for any bodily injury incurred while my child is participating in any activity sponsored by YMCA Camp Fuller, except for injury occasioned by an employee's intentional behavior, assault or reckless disregard.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YMCA CAMP FULLER**  
**2016 PHYSICIAN'S EXAMINATION FORM**

**\* Immunization History- MANDATORY!** Please provide a written record of the camper's most recent immunizations. Campers may not attend without this record.

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Dates Attending: August 22-August 26, 2016

Name of Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

If I am not available in an emergency, please notify \_\_\_\_\_ (Name) \_\_\_\_\_ (relationship)

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**INFORMATION TO BE PROVIDED BY PHYSICIAN**

Camper Name: \_\_\_\_\_

**General Health of Camper**

Date of Examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The camper is under care of a physician for the following condition(s):  
\_\_\_\_\_

The camper is currently taking the following medications:  
\_\_\_\_\_

Does the camper have epilepsy? YES NO Does the camper have diabetes? YES NO

Please explain any reported loss of consciousness, convulsions or concussion.  
\_\_\_\_\_

Are there any medically prescribed meal plans or dietary restrictions? YES NO

If yes, please explain. \_\_\_\_\_

Are there any conditions that would preclude this camper's participation in an active camp program? YES NO

If yes, please explain.  
\_\_\_\_\_

**PHYSICIAN SIGNATURE**

I have examined the above-named camper within the past two years. I have found him/her to be in good physical condition and there are no conditions precluding participation in an active camp program except those noted above.

\_\_\_\_\_  
Signature of Licensed Physician Date

Physician Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Date of form completion: \_\_\_\_\_ by \_\_\_\_\_